

FEDERAL BUREAU OF INVESTIGATION  
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041735

FILED VS DEC 12 1960

132

Primary Registration District No. 3021

Registrar's No. 201

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Grundy</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Trenton</b>		Length of stay in 1b <b>51 years.</b>		c. CITY OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wright Memorial Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>804 E. 8th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Elmer</b> Middle <b>J.</b> Last <b>Smith</b>				4. DATE OF DEATH Month <b>Dec</b> Day <b>4</b> Year <b>1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/18/1883</b>	
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>		11. BIRTHPLACE (City and state or country) <b>Carrollton, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert B Smith.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Redding</b>		14. NAME OF HUSBAND OR WIFE <b>Goldie Smith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>499-36-6348</b>		17. INFORMANT <b>Goldie Smith Trenton, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>not 11/4/1960</b> to <b>Dec 4/1960</b> and last saw him alive on <b>Dec 4/1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Oliver F. [Signature]</b>		(Print or type)		22b. ADDRESS <b>Trenton, Mo</b>		22c. DATE SIGNED <b>Dec 5/1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12/6/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Trenton Masonic Cemetery</b>		23d. LOCATION (City, town, or county) <b>Trenton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Madon Blackmon</b>		ADDRESS <b>Trenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/7/60</b>		26. REGISTRAR'S SIGNATURE <b>Gene [Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1960

JAN 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Claude H. Randall

Licensed Embalmer No. 4986

P. O. Address San Antonio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.